Date	BP	Date	BP

In case of emergency, contact:

Name

Address

Telephone

Doctor

Address

Telephone

I am Allergic to: **My Reaction is:**

Immunizations:

Pneumonia

Tetanus

Flu

Other

Laconia Savings Bank

New Hampshire's local bank

This card provided to you by **LSB**

1-800-832-0912

524-1212

www.laconiasavings.com

1-866-634-9412 or 528-6945

www.servicelink.org

LRGHealthcare

care. compassion. community

Lakes Region General Hospital 524.3211

Franklin Regional Hospital 934.2060

www.lrgh.org

Personal Medication Card

Name

Address

Tel

Important: *Please carry this card with you at all times and show it to those providing you with any medical care.*

List your medication - names, dosage and frequency.

Date	Medication	Dose	Times

UPDATE AT EVERY CHANGE!

Date	Medication	Dose	Times